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## DEPARTMENT POLICY

MiChild is a MAGI-related Medicaid Expansion program for children who are under 19 years of age and who have no other health coverage.

MiChild income eligibility for children aged 0-1 year ranges from 195-212 % of the Federal Poverty Level (FPL).

MiChild income eligibility for children 1 through 18 years of age ranges from 160-212 % of the FPL.

Other eligibility criteria for MiChild is the same as Children under 19 (U19) with the exception of comprehensive insurance and premium payments.

Enrollment in other comprehensive health insurance plans is cause for denial and/or termination of MiChild. Children who may be eligible for State Health Insurance coverage based on a family member's active employment by a state or local government are not eligible for MiChild.

Eligibility begins the first day of the month of application. The 3-month retroactive period applies unless the beneficiary was enrolled in other comprehensive medical insurance during that time. Retroactive MiChild coverage is not available prior to January 1, 2016.

## PRESUMPTIVE ELIGIBILITY

Refer to BEM 136 for presumptive eligibility policy.

## PREMIUMS

Families pay a monthly premium for MiChild coverage. The premium amount is \$10.00 per family per month regardless of the number of children in the family. Failure to pay the premium on time may result in termination of MiChild.

***Exception:*** American Indians and Alaskan Natives are exempt from paying the monthly premium if any family member listed on the application, and living in the home, is an American Indian or

Alaskan Native, and is either eligible for services at a tribal health center/urban Indian health center, or has ever received services at a tribal health center/urban Indian health center. Flint Water Group beneficiaries are exempt from paying a premium.

If a MICHild beneficiary (teen) becomes pregnant, the entire group is exempt from premium payments.

If a MICHild beneficiary is in hospice, the entire group is exempt from premium payments.

MDHHS specialists are not responsible for the collection of premium payments. The specialist will be notified if there is a negative action entered into Bridges for non-payment of premiums.

## **NONFINANCIAL ELIGIBILITY FACTORS**

The person must be under age 19. The MA eligibility factors in the following items must be met:

- BEM 220, Residence.
- BEM 221, Identity.
- BEM 223, Social Security Numbers.
- BEM 225, Citizenship/Alien Status.
- BEM 255, Child Support.
- BEM 257, Third Party Resource Liability.
- BEM 265, Institutional Status.
- BEM 270, Pursuit of Benefits.

## **FINANCIAL ELIGIBILITY FACTORS**

### **Household Composition**

Household composition follows tax rules, refer to BEM 211.

### **Assets**

There is no asset test for MICHild.

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**Divestment**

Policy in BEM 405 applies regarding divestment of income in order to obtain MICHild eligibility.

**Income**

Income eligibility is determined according to MAGI rules. Countable income as determined by MAGI rules cannot exceed 212 % of the federal poverty level (FPL).

**ONGOING  
ELIGIBILITY**

Beneficiaries remain eligible for 12 months of continuous eligibility for MICHild unless the person meets one of the following criteria:

- Reaches age 19.
- Moves out of state.
- Is ineligible due to Institutional Status; see BEM 265.
- Dies.
- Fails to pay the monthly premium.
- Is enrolled in other comprehensive insurance

**Note:** If eligibility was granted based on incorrect or fraudulent information, continuous eligibility may be interrupted.

BEM 546 gives instruction on how to determine the post-eligibility patient-pay amount if the month being tested is an L/H month and eligibility exists.

**Note:** An ex parte review (see glossary) is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. When possible, an ex parte review should begin at least 90 days before the anticipated change is expected to result in case closure. The ex parte review includes consideration of all MA categories; see BAM 115 and 220.

**HEARINGS**

MICHild applicants and beneficiaries are entitled to full hearing rights. Individuals have the right to contest a department decision affecting Medicaid eligibility whenever they believe the decision is incorrect, or when their application is not acted upon with reasonable promptness Refer to BAM 600, Hearings.

**LEGAL BASE****MA**

Social Security Act XXI, 1905(u)(2)(B)  
42 CFR 457.320(A)(2) and (3). 1902(a)(10)(A)(ii)(XIV)  
42 CFR 435.229 and 435.4